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THE DASEINSANALYSE OF LUDWIG BINSWANGER  
AND THE BIBLICAL CONCEPT OF AGAPE: A TREATISE  
ON THE CREATIVE POWER OF LOVE IN PSYCHOTHERAPY

BY

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## INTRODUCTION

After reading what American psychologists are saying about European existentialists (mostly still in the original German) and listening to what European "Existential" psychotherapists are actually saying (in their few English translations, the present author has come to the following tentative conclusion, which he will attempt to show in the paper below. It is the present author's hypothesis that what psychologist and psychotherapists are engaging in by the use of Daseinsanalyse is a means of clinically (empirically) setting forth "the creative power of love." The extension of Dasein-therapy will be shown to be Agape-therapy.

First, definitions will be offered of the unique terms which are used in the literature on existential psychotherapy and Dasein-therapy. The first chapter will take a cursory look at the development of psychotherapy from Freud to the Dasein school, centering upon the differences between Freud and Ludwig Binswanger. The main point of differences will be shown to be concerns for the reality of transcendence. The second chapter attempts to examine the reality of transcendence, Freedom, and love as uncovered by Dasein-therapy. In the third and concluding chapter the creative work of the Dasein-therapist

will be shown to lead to the clinical affirmation of the reality of man's ability to create his own world and being, and to assist in another's creating of his own world through the means of 'agapeic' love. In conclusion the term Agape-therapy will be offered as a more descriptive term of the therapeutic work that is being done by Dasein and related therapists. The term Agape-therapy will be shown to acknowledge the philosophical presuppositions underlying the therapy as well as the method of the therapy.

A glossary of terms is here offered to the reader, in the hope that he may be able to find his way more clearly throughout the following paper. The definitions below are at this point only guidelines; they will be expounded further and more extensively in the text.

Psychotherapy:

The literal translation of the Greek term "therapeuo" means "to serve" or "to show one's self helpful." In other words, the therapist shows himself to be helpful to another human being. The task of psychotherapy is to set man right with the fundamental conditions of existence and to assist man toward the power over his existence. Man suffers when he is in disharmony with the fundamental order of things.<sup>1</sup>

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<sup>1</sup>Thomas Hora, "Psychotherapy, Existence and Religion," Psychoanalysis and Existential Philosophy, ed. by Hendrik M. Ruitenbeek, (New York: E. P. Dutton and Co., Inc., 1962), pp. 73-74.

Psychotherapy's skill to set man 'right' lies in the ability of the therapist to appeal to the freedom of the patient.<sup>2</sup>

The goal of psychotherapy is always the same; only the ways to this goal change from one school of thought to another.<sup>3</sup>

#### Existentialism:

Existentialism is a way of thinking rather than a systematized body of knowledge. This way of thinking means centering upon the existing human being. Existentialism centers on the being in the 'human being,' which is capable of suffering from alienation, rootlessness, fragmentation, anxiety and despair--as well as care, concern, and love. The word "existence" comes from the root ex-sistere, which literally translated means "to stand out, to emerge".<sup>4</sup> Existentialism in religion, philosophy and psychology has struggled to find how man does "emerge, come out, become" and also what the factors are that hinder his "becoming".

#### Existential Psychology:

Existential psychology is not a separate and distinct psychological system, but rather at the moment is a general heading for psychological theory, practice, or research which

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<sup>2</sup>R. D. Laing, "Ontological Insecurity", Psychoanalysis and Existential Philosophy, ed. by Hendrik M. Ruitenbeek (New York: E. P. Dutton and Co., Inc., 1962), p. 68.

<sup>3</sup>Ludwig Binswanger, Being-in-the-World, translated and introduction by Jacob Needleman (New York: Basic Books, Inc., 1963), p. 218.

<sup>4</sup>Rollo May, "The Emergence of Existential Psychology", Existential Psychology, ed. by Rollo May (New York: Random House, 1961), p. 16.

rests upon acknowledged presuppositions of an existential nature. Much of the writing on existential psychology and psychotherapy centers on will, decision, freedom and relationship. Existential psychology is the American term for Daseinsanalyse. These terms are not interchangeable, for the former is much broader and more all-inclusive than the latter. This paper will attempt to keep within the more clearly defined limits of Daseinsanalyse, rather than try to cover all of what might be included under "existential psychology."

Daseinsanalyse:

Daseinsanalyse is the peculiar creation of Ludwig Binswanger. Binswanger borrowed Dasein (being (sein) there (da)) from the existential philosophy of Martin Heidegger. To this concept he added (a "neo-Freudian" psycho-) 'analysis'. Heidegger posited that man's existence (his being) does not take place within himself apart from his world. When man and his world are separated in a subject-object split, a dualism occurs that has plagued philosophy as well as science for decades. Daseinsanalyse was Binswanger's attempt to complement and broaden the view of man and his experience of living which was implicit in Freudian psychoanalysis. The experience which Binswanger wanted to introduce into psychiatry (and which Freud said must not be included) is the experience of transcendence, that is, the

feeling of spirit, or love.<sup>5</sup>

Binswanger described man's existence, (that is, Dasein,) as "being-in-his-world". He further described "being-in-his-world" as being-able-to-be, being-allowed-to-be, and having-to-be-in-his-world. Being-able-to-be-in-his-world refers to man's capacity to know that he exists, to step back from his existence and to look at what is going on in his life, where he is and how he got there. Being allowed-to-be-in-his-world refers to the freedom that man has concerning the existence of his being. This freedom is the product of love, or "being-beyond-his-world". Being-beyond-his-world is the transcendence of space, time, object, and subject which occurs when two beings are in a relationship of love. Having-to-be-in-his-world refers to the fact that man finds himself in his world and that what he does about his being and his world is up to him. Thus man finds that if he is to be a free being in his world he must accept the responsibility for his being. To forfeit this responsibility is to place one's being in the hands of chance, the outcome of which is usually mental illness.

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<sup>5</sup> Jacob Needleman, "Introduction", in Ludwig Binswanger, Being-in-the-World, (New York; Basic Books, Inc., 1963), p. 4.



## CHAPTER I

### PSYCHOTHERAPY FROM FREUD TO BINSWANGER

As long as excuses can be put forward by the therapist as to why the patient behaves the way he does, the patient will never be confronted with the reality of his very own existence; he will never come to possess his own personhood in this life. As long as unhappy and unwanted existence can be shown to belong to forces outside of one's own choosing, as in Freudian and kindred psychoanalysis, wholeness and self-determination will always be frustrated because health will be dependent upon 'outside forces' which include the therapist as well.

Psychoanalysis has offered a conceptualization of human existence as if it were objectively true. Other ready-made formulas of human behavior are offered by movies, television, churches and popular literature. The result of this mode of thinking is that man ought to fit into a type of system. Because of the great diversity among these stereotypes and scientific pictures, a person can find himself suffering from a vague uneasiness to a behavior disturbing anxiety.<sup>1</sup> Psychoanalysis has prided itself on being an agent of freedom, yet it has failed to see that a closed system cannot offer freedom.

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<sup>1</sup>Ludwig B. Lefebvre, "Existentialism and Psychotherapy", Review of Existential Psychology and Psychiatry III (1963), p. 280.

An enclosed system of science, like a moralistic religion (wherein one is saved by being good), offers a prescribed answer to all problems, thus there is thought to be no need for choices and consequently responsibility is a foreign category.

A short historical preview of psychoanalysis may help to put the present discussion into a proper perspective. Franz Brentano (who was Freud's instructor in 1874 to 1876) first postulated the study of psychic phenomena and laid the foundation for psychology in his book Psychology from an Empirical Point of View (1874).<sup>2</sup> Brentano's position was that the psychic phenomena as experienced are the only legitimate subject of a modern psychology. Freud then carried this study of psychological experience into the fields of neuroses and psychoses. His first scientific break-through was the demonstration that the only true knowledge of neurotic disorders could be gained through the study of the experience of the neurotic himself. Brentano further inspired Freud to study normal as well as abnormal psychological phenomena. It is Brentano who has influenced psychology down to this present day--including the existentialists, for his was the insistence on clinical

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<sup>2</sup>Clemens E. Benda, "What is Existential Psychiatry", a speech given at the staff conference, Department of Psychiatry, Massachusetts General Hospital (April 26, 1965), p. 3.

observations and the study of the feelings of the patient himself. Binswanger kept close to this dictum whereas Freud turned from the study of phenomenology toward positivism. Freud was anxious to make psychoanalysis an exact science and, therefore, to transform his observations into general, natural laws.

Freud's thinking resulted in the well known model of ego--id--super-ego. However, Edmund Husserl, also a student of Brentano, formulated the transcendental-ego which is not an abstract, isolated concept of ego, but rather concrete consciousness transcending the world. This model is closer to the phenomenology of Husserl; that is, it is concerned with phenomena as concretely experienced in the adjoining world. This line of reasoning was followed by Heidegger as he formulated his man-in-his-world (Dasein) concept, which was in turn developed by Binswanger through his Daseinsanalyse. Binswanger carried on the phenomenologist's approach with its concern for the world as it is, refraining from constructing any hard and fast model theories. Freud veered away from phenomenology with its aesthetic, artistic, and religious interests because he felt them to be unscientific.

Heidegger's influence on Binswanger derives from his theme of man as being-in-his-world. "Being" for Heidegger is neither

an ego nor a psychic apparatus. "Being" is being a subject, unique and irreplaceable, confronting the world and other beings who are also subjects of equal dignity and worth.<sup>3</sup> Nor is the world a separate reality from being, but rather the actual reality is a "being-in-a-world" (a being which is in its own world), combined and inseparable. This world is made up of experienced values, orders, and meaningful relationships.

Thus a new emphasis arose that looked at the individual person (being) as having his own personal world, separate and distinct from any proposed generalizations about the world of beings. This led to the formulations of the reality of interpersonal relationships as vitally effecting being.

Binswanger did not dabble in magic or phantasy, but continuously sought to express in words what he felt to be true about reality, that is, what he and others felt to be real experience and not mere illusion. For although Binswanger and Freud remained friends throughout their lives, they steadfastly disagreed as to whether spirit (Geist) was a real experience or an illusion. This essential and concrete difference vividly shows the limits

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<sup>3</sup>Ibid., p. 6.

of Freud's perception. And it is just at this point that phenomenology and the broader field of existentialism is today making its frontal attack upon Freudian psychoanalysis. The following historical confrontation between the great theoretician and the phenomenological rebel will always be a guide-post marking the boundaries of Freud's thoughts:

It was on a September morning of the year 1927. Having broken away from the Congress of German Neurologists and Psychiatrists that was meeting in Vienna, I hurried to Semmering, full of impatience to return the unforgettable visit he (Freud) had paid me in those difficult times. I was about to leave and we were talking about the old days. Soon, however, the conversation turned to that which, in spite of clear differences of opinion, had held us together, namely his life's work, his "great idea." With respect to a concrete clinical example--a serious case of compulsion neurosis--that had occupied us both a good deal, I threw out the question as to how we were to understand the failure of this patient to take the last decisive step of psychoanalytic insight and to thus continue in his misery in spite of all previous efforts and technical progress. As a contribution to the solution of the problem, I suggested that such a failure might only be understood as the result of something which could be called deficiency of spirit (Geistigkeit), that is, an inability on the part of the patient to raise himself to the level of spiritual communication with the physician. Thus the patient was barred by his own lack from encompassing and overcoming his unconscious instinctual impulses at the last decisive point. I could barely believe my ears when the answer came: "Yes, spirit (Geist) is everything." I presumed that by spirit, Freud

meant something like intelligence. But then he continued: "Man has always known he possessed spirit: I had to show him there is such a thing as instinct." (Binswanger's *italics*) But men are always unsatisfied, they cannot wait, they always want something whole and finished; but one has to begin somewhere and very slowly move forward." Encouraged by this concession, I went a step further, explaining that I found myself forced to recognize in man something like a basic religious category; that, in any case it was impossible for me to admit that "the religious" is somehow and from somewhere a derivative phenomenon. (I was thinking, of course, not of the origin of a particular religion or even of religion in general but of something which I have since learned to call the religious I-thou relation.) But I had stretched the bow of agreement too far and began to feel its resistance. "Religion arises," so Freud declared, quickly and curtly, "out of the helplessness and anxiety of childhood and early manhood. Indisputably." With that he went to the drawer of his desk: "This is the moment for me to show you something," laid before me a finished manuscript that bore the title "The Future of an Illusion," and looked laughingly and questioningly at me. I easily guessed from the situation what the title meant. Meanwhile the moment of farewell had come. Freud accompanied me to the door. His last words, spoken with a knowing, lightly ironic smile, were: "Forgive me that I cannot satisfy your religious needs."<sup>4</sup>

The reason that Binswanger is now the leader in a new era of psychotherapy is because he did not limit his thoughts only to spirit--as Freud limited his works just to instincts--but rather attempted to combine the two into a compatible working

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<sup>4</sup>Ludwig Binswanger, Ausgewählte Vorträge und Aufsätze, pp. 81 - 82; as quoted by Needleman, op. cit., pp. 1 - 2.

hypothesis. For human existence always is found as both spirit and instinct. By his theoretical models which were devoid of spirit, Freud frustrated man's ability to see his essential order as necessitating the interaction of instincts and spirit. Unlike this view of Freud that the therapist cannot explain the spirit of man, Binswanger said, "Be sure it is the spirit of man you are explaining!"<sup>5</sup>

On the occurrence of Freud's eightieth birthday, Binswanger read a paper before the Viennese Medical Society. He gave all due credit to Freud for his contributions in the area of man's drives and instincts in relation to nature, but then Binswanger went on to point out that in Freud's theory there is only a slight suggestion of a phenomenological understanding of man in relation to his fellow human beings, his interpersonal relationship. And to climax his presentation, Binswanger stated that Freud had entirely ignored the area of man's relation to himself. Binswanger sent a copy of the presentation to Freud and part of Freud's reply was as follows:

As I read it I was delighted with your beautiful language, your erudition, the vastness of your horizon, your tactfulness in contradicting me. As is well known, one can put up with vast quantities of praise.... NATURALLY, FOR ALL THAT, YOU HAVE

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<sup>5</sup> Needleman, op. cit., p. 4.

FAILED TO CONVINCE ME. (Binswanger's italics).  
I have always confined myself to the ground  
floor and basement of the edifice. You maintain  
that by changing one's point of view, one can  
also see the upper story, in which dwell such  
distinguished guests as religion, art, etc....  
I have already found a place for religion, by  
putting it under the category of the neurosis of  
mankind. But probably we are speaking at cross  
purposes, and our differences will be ironed out  
only after centuries.<sup>6</sup>

Thus were the differences of these two profound thinkers kept  
clear even during their own lifetime.

As a phenomenologist, Binswanger proclaimed to his students  
that when science in the person of psychology focuses upon  
itself as the subject, that is, human existence, it brings out  
into the open all the paradoxes of the separation of subject  
and object, consciousness and thing, man and world. Binswanger  
claimed that each individual is his own unique world and he  
thought that it was necessary to enter that world without any  
presuppositions if the true explanation of that world was to  
be given. Otherwise a division exists between man and his  
world which does not justly explain reality.

Although Heidegger has shown that dividedness is a  
constituent dilemma of the human being, he has also shown

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<sup>6</sup>Ludwig Binswanger, Sigmund Freud: Reminiscences of a  
Friendship (New York: Grune and Stratton, 1957), p. 99, as  
quoted by H. M. Ruitenbeek, Psychoanalysis and Existential  
Philosophy (New York: E. P. Dutton and Co., Inc., 1962), p. xviii.



man's essential unity. Man is the being who stands apart from his "I" and looks at himself with an inner "I". Lefebvre believes this standing apart is analogous to an outrigger canoe, "part of which is always away from itself."<sup>7</sup> This very example portrays the binding unity which holds man together with that part of him that transcends the acting self. Freudian analysis attempted to be unitive at the exclusion of the transcendent, that part of the human being which can sit apart and consider responsibility, freedom and love. Freudian analysis attempted to be unitive by relegating a man's being to objectivity, thus excluding his subjectivity, and by seeing man's being as instincts only, rather than as a unity of instinct and spirit.

The subject-object division in psychoanalysis's view of man has been the built-in obstacle to assisting the patient in attaining health. The advancement of mental health depends on the proper unity between man and himself, his being, and his world. Because in regards to physical ailments, the doctor was able to treat his patient as an object (like a clock to be repaired), so too did Freud believe he could think of his patients. As a person must have the will to recover and to survive if he is to regain

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<sup>7</sup>Ludwig B. Lefebvre, "Inclusion of the Negative", reprint from The Christian Scholar XLVI (1963), p. 5.

his physical well-being, so too must a person if he is to recapture his mental well-being. Frankl has captured the essence of the doctor's responsibility to the patient in regards to the patient's will to survive, in his term "medical ministry".<sup>8</sup> The medical doctor cannot just perform an operation and then pack up his case and leave, assuming no further responsibility for the patient. It is the doctor's duty to see that the patient is given every emotional-psychological boost necessary to aide his own recovery. Surgeons and general practioners by and large appear to be conscious to the vital participation of the will in the recovery of physically ill, as far as the present author's experience in concerned. This self-consciousness on the part of these doctors appears to have become so following the detailed evaluations of the prisoner of war camps in the Korean conflict. The greatest single cause of death in the camps was what has been called 'give-up-itus' or 'lack of will to survive'.<sup>9</sup> Children's Hospital of Boston

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<sup>8</sup>Victor Frankl, The Doctor and the Soul, translated by Richard and Clara Winston, (New York: Knopf Co., Inc., 1955), passim.

<sup>9</sup>It is the general consensus of all those at the Episcopal Theological School, who aid a crippled woman of 82 years of age to move from her bed to her sitting chair, that she is staying alive by sheer 'will power.' For she is suffering from what is called in laymen's terms 'combined system's disease,' which is compounded by an enemic blood condition with deterioration of the nervous system and distending of the abdomen. Besides the constant pain from the above, further pain is caused by a slowly

diagnoses many infants upon entry as suffering from failure to thrive.<sup>10</sup> All of these examples are offered in the support of the position of psychotherapy, that one must desire, one must freely choose to undergo psychotherapy. Psychotherapy since Freud has held the position that one must not enter analysis under duress or even enter apathetically. It seems little wonder then that institutionalized mental patients and convicts, who participate in therapy because it is their ticket 'out', do not receive a lasting cure. The fact is, however, that the main stream of psychotherapy (that is, the Freudian school) in

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<sup>9</sup>(cont.) spreading numbness and frequent spasms of angina. Yet, inspite of all this, and even though her eyesight is failing, she reads the newspaper everyday, listens to the symphony and news on the radio, and is currently attempting to read The Secular City by Harvey Cox. Her faith, will power, and intellectual acumen are an inspiration to all who meet her. Until her visitor has been with her a while, he would not know that she is bearing a very painful "thorn in the flesh."

<sup>10</sup>Spelman agrees environment plays a strong role in crib deaths, [the highest percentage in low income areas of the inner city], and also suggests psychological causes. 'Some crib deaths may come from emotional mistreatment and lack of love,' he says, 'the idea is tentative, but it has some experimental support.' Most of the crib deaths take place between 2 and 4 months of age, and seldom before 3 weeks and after 6 months." "Nine Deaths, No Answers", Newsweek (March 21, 1966), p. 92.

spite of its pronouncements to the contrary, has given no real cognizance to the part played by will, choice, desire, hope, or any other trans-objective reality. These elements within the reality of the human being have been eliminated by those therapists who objectify the patient and attempt to fit him and his illness within some preconceived system of cure. On this score psychotherapy has much in common with legalistic religion; that is, most of the answers are given in a code and little place is given to decision-making and individual responsibility. Like its religious contemporary, psychotherapy is undergoing a revolution along the lines of the 'new morality'. That psychological school of thought which is giving choice and responsibility its proper due are the followers of Daseinsanalyse.

Yet, prior to the current interest in Daseinsanalyse, there arose the now well-founded school of relationship therapy. Involvement in relationships was seen as one of the first characteristics of being; the therapist was in a relationship with his patient. Within this relationship many 'intangibles' existed, for example, care, concern, love, and hate. There now exists many interpersonal therapies which vary with each other in some degree. Martin Buber and Paul Tillich have been prime movers in the therapy-by-encounter

(I-Thou) schools. "A person becomes a person in the encounter with other persons, and in no other way. The interdependence of man and man in the process of becoming human is a judgement against a psychotherapeutic method in which the patient is a mere object for the analyst as a subject."<sup>11</sup> Gordon Allport, Erik Erickson, Erich Fromm, Karen Horney, Abraham Maslow, and others have developed theories and written books on the importance of relationships. Yet, by and large, on the American scene the patient is simply an object within a relationship-field-of-influence, who is at the mercy of the relationship itself. Daseinsanalyse is substantially different from the picture of American relationship psychology. According to Van Dusen the American scene might be caricatured by a passage from Sartre's play NO EXIT. In this play three people meet for the duration of eternity in a windowless room in Hell and suspect that their salvation has something to do with understanding their relationships to one another.<sup>12</sup> To the European follower of Ludwig Binswanger, this mind-set is set upon squeezing the life out of things.

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<sup>11</sup>Paul Tillich (publication not given), as quoted by Sabert Basecu, "Existential Therapy", The Encyclopedia of Mental Health, ed. by Albert Deutsch, (New York: Franklin Watts, Inc., 1963), p. 590.

<sup>12</sup>W. Van Dusen, "The Theory and Practice of Existential Analysis", Psychoanalysis and Existential Philosophy, ed. by H. M. Ruitenbeek (New York: E. P. Dutton and Co., 1962), p. 35.

The error within the Becoming and Self-actualization schools is that 'side-effects' have become ends in themselves. Actualization of one's potential occurs, not at the end of a long search, but as the experience of engaging in a pilgrimage toward limited and long term concrete goals. Yet, self-actualization can only become meaningful as the object of one's concern when he has accepted the givenness of life, the external authority and the internal authority (for example, death and love) as partners in this life, when he has accepted these transcendent realities in an I-Thou encounter.

Binswanger's Daseinsanalyse is more than relationship therapy. The therapist is not just in a static relationship with the patient in Daseinsanalyse, but rather in a dynamic encounter which involves the acknowledgment of the reality of self-giving. The therapist must offer himself, his being, to the encounter and not merely his services. When he offers only his services, the therapist is still thinking of the patient as an object. By offering himself, the Dasein-therapist is showing concretely his commitment to the presupposition of the infinite worth and value of the patient.

Only by being able to share his being with the other, may the Dasein-therapist show himself to be fully present and completely real for the patient. The Dasein-therapist does not enclose himself within a self-conception of himself as a tolerant observer and well trained analyzer. But he continually strives to maintain the essential equality which is present within the therapeutic encounter, a meeting between two individuals of priceless worth.

The patient most often comes to the therapist with a preconceived notion of the therapist as a well-educated and learned man (which he no doubt is) who is able to solve all of the patient's problems, given the proper information. No responsibility is thought by the patient to be necessary on his part, for the therapist is conceived of as some type of magician and know-it-all, who once he uncovers the right facts can create a new individual. This is not seeing the therapist merely as a father-figure as Freud thought, but as a god-figure who only can create and destroy and is worthy of our worship and awe. With this preconceived idea of the therapeutic relationship in the mind of either the therapist or patient or both, it is almost impossible for the patient to gain an insight into the reality of what it means to be a human being. For there is no experience of a

self-giving being present from whom he could take a cue.

The patient begins where Freud knew he would, that is, by trying to imitate the therapist, as a son imitates his father. But if the therapist objectifies and fragments the patient by excluding a-priori part of his being, so will the patient likewise strive to be. Yet, brokenness without hope of becoming a subject, a person, is not health but the definition of un-health (less than humanness).

The Dasein-therapist begins his therapy by asserting the being of the patient. At the outset, this therapist must dissuade the patient from unrealistic and unhelpful views about the therapist; he must persuade the patient to see himself as equal in humanness to the therapist. The Dasein-therapist begins by building up the self-respect and self-confidence of the patient. This feat is of great importance and must be done with skill, patience and fortitude.<sup>13</sup> But most of all it cannot be done without acceptance (that is, concern, care, or love, which will be dealt with more explicitly in the next chapter). The Dasein-therapist has an unconditional acceptance of, and regard for,

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<sup>13</sup> Laing, op. cit., p. 68.



his patient. That is, the patient's actual worth as a human being is not a function of his desirability, pleasantness, adequacy, or capacity to fulfill the therapist's own needs.<sup>14</sup> That a person has worth as a human being is derived from the value system which the Dasein-therapist accepts as a part of the content of his presuppositions. Accepting the patient unconditionally does not of course signify a willingness to be less critical of his behavior or thoughts. But because the therapist sincerely and completely accepts the person, he may be thoroughly critical without letting the patient lose his self-respect and self-confidence which must not be done if the patient is to continue to accept the responsibility for his own changes in his life. Rather than criticising 'being' itself, the Dasein-therapist is critical of the self-imposed limitations which the patient has placed upon his own being. These limitations are seen in the form of the patient's lack of desire or ability to make decisions, by his feeling of an enclosed and shrinking world, and that he is almost or totally unfree, that in fact he is at the mercy of forces outside himself and can do nothing to

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<sup>14</sup>Sabert Basecu, "Existential Therapy", The Encyclopedia of Mental Health, ed. by Albert Deutsch, (New York: Franklin Watts, Inc., 1963), p. 590.

counteract them. By becoming related to the therapist's being within the shared world of the therapist's office,<sup>15</sup> the patient is enabled to release the hold he has upon himself and to let himself go, to let himself dare to enter the world of the therapist. Being encouraged, by the felt acceptance given by the therapist, the patient is able to release the strangle hold he has upon his being, and open himself up for new experiences, new feelings, new being. This change in the way of experiencing the world is made possible because the patient begins to feel himself accepted as a real, live, valuable human being, and not just an object that needs repair. This change in experiencing his world is the reality wrought when a person does not run away from the anxiety accompanying decision making. As the patient is helped to see and experience choices and decisions, he also must be helped to see anxiety as the affirmation of his being, rather than the denying of it. Anxiety is destructive only as the fear of it leads to the denying of one's being.

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<sup>15</sup> Needleman, op. cit., p. 23.

The philosophy of Sartre that man is his choices is a theme that can be found in the writing of William James as well as Binswanger (albeit, not stated as radically). May reports that it was James' contention that the discovery of truth depended more on decision and commitment (that is, willing) than on detached speculation.<sup>16</sup> This decision on James' part enabled him to include (like Binswanger) religion and art in his thought, without sacrificing his clinical desire for the facts ("scientific integrity"<sup>17</sup>). The Daseinsanalyse approach in psychotherapy proclaims that the therapist cannot leave will and decision to chance, on the assumption that the patient will somehow happen to make decisions or slide into decision making by default or fatigue on the part of the therapist. Or, as is generally true in the neo-Freudian camp, the patient will sense a 'non-directive' approval by the therapist if he takes certain steps or makes certain choices. The Dasein approach makes decision and will the responsibility of the patient. Dasein-therapists believe that in the revealing and exploring of what present and past forces are deterministic in the patient's life, "the patient is orienting himself in some particular way to the data and thus is engaged in some choice, no matter how seemingly insignificant, is experiencing some

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<sup>16</sup> May, op. cit., p. 17.

<sup>17</sup> Ibid., p. 12.

freedom, no matter how subtle."<sup>18</sup> It is only by experiencing the ability to will and to decide that a person becomes free. Only mental illness takes away man's ultimate freedom, that of choosing his own attitude. When all else is stripped away and one is facing cold, hunger, beating, or even the gas houses, Frankl believes that the ability to choose one's attitude cannot be taken away,<sup>19</sup> it can only be given up.

Thus, Binswanger and his Daseinsanalyse encourage the therapist to aide the patient to become free--in order that he might experience responsibility, decision, and love, and in turn, being at its fullest. It is the experience of a concerned relationship between doctor and patient that binds together successful (i.e., most helpful) methods of therapy, rather than any theoretical model or system. It is a truth that psychotherapists, representing every psychoanalytic theory, have at least some patients who improve as a direct result of therapy.<sup>20</sup> It is a realistic question to ask how important psychological theory is to the end results of therapy. The evidence presented in this chapter yields the conclusion that the underlying philosophical presuppositions, for example, the therapist's attitude as to the reality of transcendence, are what is most

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<sup>18</sup>Ibid., p. 43.

<sup>19</sup>Victor Frankl, Man's Search for Meaning, translated by Ilse Lasch (a newly revised and enlarged edition of From Death-Camp to Existentialism), (Boston: Beacon Press, 1962), passim.

<sup>20</sup>Basecu, op. cit., p. 587.

important in regards to the successful outcome of therapy, and not the theory of the method, for example, the psychic model of id, ego, and super-ego. It has also been shown that these undergirding presuppositions must include the affirmation of the reality of freedom, decision, responsibility and love in the being of the human being.

To summarize the foregoing, it is the present author's opinion that the fusing of the philosophy of Dasein with psychiatry has given a philosophic base for those psychiatrists who have felt the lack of responsibility on the part of their patients toward their own attitudes. Binswanger has offered an 'established' philosophical outlook from which the analyst may use psychoanalysis as a means, without accepting it as an end unto itself. The Dasein-therapist may include suffering, for example, as a learning experience, instead of trying to exclude this experience. He is able to include the categories of what Freud would simply call illusions without feeling the necessity of explaining them away. Quite to the contrary, the Dasein-therapist is able to accept transcendent experiences, such as love, as expressions of real experiences. He is able to perceive, as those who labor only under the teachings of Freud are not, that there is more to a person's existence as a human being than can be

enclosed in any system--psychoanalytic, religious, philosophic, or otherwise. Daseinsanalyse allows for the real opportunity of choice and freedom, because it believes that man is capable of standing in such a position in relation to his own being, that he is able to choose the responsibility for his attitude about his existence in the world.<sup>21</sup> In a later period of analytic treatment the moment comes when the patient has a clear picture of his former neurotic character and also of himself as he wishes to be, as he feels he can be. These two choices in personality and in resulting behavior are constantly in conflict... The struggle is relieved as he not only consciously decides upon his mode of behavior in thought and action but accepts the responsibility for it. Because the patient has felt the transcendent experience of responsibility and decision making, he is open to perceiving the reality of the essence of the experience of transcendence, that is, the reality of freedom and love.

The nature of man being (personal) self-transcendence towards what is higher (as a person), its fulfillment is the unselfish love of generosity....<sup>22</sup>

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<sup>21</sup>Izette DeForest, The Leaven of Love, (Hamden, Connecticut: Archon Books, 1965), p. 176.

<sup>22</sup>Theological Dictionary, ed. by Cornelius Ernst, O.P. (New York: Herder and Herder, 1965), p. 266.

## CHAPTER II

### DASEINSANALYSE AS REVEALING TRANSCENDENCE,

#### FREEDOM, AND LOVE

The inclusion of the feeling of transcendence as a real experience is a very profound change on the part of psychiatry. To speak of responsibility, freedom, or love necessitates coming to terms with transcendence. This is to say, that to understand the full reality of being (Dasein), the therapist must accept the fact of transcendence. By the use of 'transcendental' Binswanger does not mean anything ethereal or magical, but he uses it in its linguistic sense to mean the underlying presuppositions which 'point beyond' the given fact.<sup>1</sup> The word transcendence means to climb beyond, to transpass, to transgress--in short, to move outside of one's own boundaries. This going outside and beyond one's boundaries is not something that has to be added to being, but is in fact the very characteristic of being itself. For "being exists in this fundamental phenomenon of transcendence or not at all... Transcendence is the modality, not capacity, of being which constantly irradiates in its world and is permeated by the world in which one lives."<sup>2</sup> Binswanger further defines

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<sup>1</sup>May, op. cit., p. 33.

<sup>2</sup>Benda, op. cit., p. 8.

transcendence in terms of a world of inter-relationships into which man finds himself 'thrown'. For it is still true today, as Dasein-therapy is pointing out, 'no man is an island, sufficient unto himself.'

As man acknowledges the reality of the transcendental, he savors more and more what it feels like to be a free man. It is Rollo May's conclusion that freedom has an ontological base, and that that base resides in the fact of the transcendental. May uses Kurt Goldstein's terms when he describes consciousness as being man's capacity to transcend the immediate concrete situation and to live in terms of the possible. This capacity for consciousness underlies the wide range of possibility which man has in relating to his world, and it constitutes the foundation of psychological freedom.<sup>3</sup> As man learns that he is free to transcend the immediate event, he also learns that he may transcend his culture as well. Man's resistance to enculturation and his desire to become detached from his culture and his society depends not alone on freedom, but on freedom in transcendence. This 'authentic person' is able to become more a member of his species and less a member of his local group. It is Maslow's feeling that "most sociologists and anthropologists will take this (fact) hard."<sup>4</sup>

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<sup>3</sup> May, op. cit., p. 79.

<sup>4</sup> Abraham Maslow, "Existential Psychology--What's in It for Us?" Existential Psychology, ed. by Rollo May (New York: Random House, 1961), p. 55.



Binswanger describes what it means to be a psychiatrist by using the terms of transcendence, of going beyond the immediate. Freud was doing this very same thing, although in a much more limited way, by meditating on past events in the life of the patient. But Binswanger is not limited by scientific knowledge, but 'goes beyond' the purely scientific to philosophic knowledge. He does not believe that what philosophy asserts is in any way inferior to the assertions of science. Thus, he can speak of the essence of being a psychiatrist as being able to reach beyond all factual knowledge, beyond scientific knowledge as found in the fields of psychology, psychopathology, and psychotherapy and to 'swing beyond'. "This swinging beyond or transcending the factuality, objectivity, and reality-orientation of psychiatry can be understood only from the point of view of transcendence itself as being-in-the-world and being-beyond-the-world."<sup>5</sup>

What then is transcendence? The above has shown that transcendence is much more than 'being religious' or 'having religion' in the Jungian sense of man as 'the religious animal'. Transcendence pervades the heights and depths of philosophic belief and understanding--to the essential 'ground' of our being. To think existentially from a position within a faith-commitment

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<sup>5</sup>Binswanger, Being-in-the-World (New York: Basic Books, Inc., 1963), p. 219.

relationship is to look at all existence from the point of view which is based on the transcendental. In Bultmann's terms "Faith is not decision in general, but a very specific individual act. Faith meets the individual where he stands with the transcendent standard that gives him meaning and purpose."<sup>6</sup> By perceiving this union with that which 'goes beyond' himself, man can dare to hope that the present gulf between himself and the beyond will be eliminated, and he can dare to live with the dividedness and anxiety of his present condition.

This foregoing attitude change can take place for the mentally ill, as well as for the non-mentally ill, within the Dasein-therapist-patient relationship. It is within the therapist-patient relationship that the patient may discover a change in his mode of experiencing the world. What the patient discovers is best described as experiences of freedom and love.

The Dasein-centered proclamation is this, that no matter how great are the forces victimizing the human being, man is able to know that he is being victimized, and thus to influence in some way how he will relate to his fate. Thus, some assert

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<sup>6</sup>Rudolph Bultmann (Publication not given), as quoted by Eugene B. Borowitz, A Layman's Introduction to Religious Existentialism (Philadelphia: The Westminster Press, 1965), p. 151.

that in the last analysis man's existence consists of his freedom.<sup>7</sup> 'Loss of Freedom' in this sense implies an inability to be constantly open to the world and to the self and an inability of the being to understand completely or to do something about that which actually is. The 'healthy' person is free to understand and to re-create if necessary that being and world which actually is (the following chapter expands upon this thesis), while at the same time willing himself to be responsible for and committed to the world as experienced and created. The condition of the mentally ill points to a "languishing, struggling freedom (neurosis), or to freedom as a transcendental condition of existence that is no longer being fulfilled (psychosis)."<sup>8</sup>

That a therapist and patient are able to engage in a relationship and yet not strive to possess one another is the performance of freedom within therapy. Although the Dasein-therapist is engaged in a therapeutic process of 'being-together' with the patient, there is maintained a spirit of 'letting-be'. This is because of the underlying assumption that truth will better be able to be revealed under conditions of freedom. (The present author cannot agree with the further conclusion drawn by Thomas Hora

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<sup>7</sup> May, op. cit., p. 42.

<sup>8</sup> Binswanger, op. cit., p. 118.

that "the essence of truth is freedom",<sup>9</sup> because the 'heart' of truth is more than freedom, that is, the 'heart' of truth is also conceived of as love.

The Dasein-therapist's affirmation of the patient's freedom to be what he is is an act of 'love'. The therapist's concern for the freedom of the person in his office is felt as 'love' by the patient. The experience of love is the most therapeutically beneficial of transcendental experiences. In Ashley Montagu's words:

Love is the communication to another person of one's deep involvement in that person's welfare, of one's profound interest in him as a person, demonstrated by acts that support, stimulate, and contribute to the realization of his potentialities and fulfillment. From this view-point mental health may be understood to mean the ability to love and the ability to work.<sup>10</sup>

Binswanger argues that human existence cannot be solely understood under Heidegger's aspect of 'care' (Sorge), but rather as the mode of love.<sup>11</sup> Binswanger bases his relationship to his patients on his understanding of love. For him, loving someone is not just a genuine experience of the object 'love',

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<sup>9</sup>Hora, op. cit., p. 74.

<sup>10</sup>Ashley Montagu, "Love", The Encyclopedia of Mental Health, ed. by Albert Deutsch, III (New York: Franklin Watts, Inc., 1963), p. 950.

<sup>11</sup>Needleman, op. cit., p. viii.

but, rather, that loving someone is a genuine experience of that person who is loved. Therefore, this is the most realistic way for the therapist to understand and comprehend his patient. This consideration is as true for all medical men as well as therapists. For diagnostic judgment on the part of any physician is not just the observation of the patient's organism, but rather understanding him as a fellow existing human being. What is essentially involved in diagnosis is the physicians "relation to the patient, a relation rooted equally in 'care' and 'love'."12

Yet, Binswanger has attempted to clarify a difference between care and love. Love is the foundation of the modality 'being-together' (we-ness). Being-in-love effects the being of each individual if and as long as the state of loving exists. Thus it is not only mandatory for the therapist to effect this loving relationship, but it is also necessary for the patient to stand in a transcendental loving relation to his own being, if he is to alter his existing condition.13

The Biblical exclamation to 'love thy neighbor as thy-self' is as essential to the understanding of the centrality of love in therapy as is the command to 'love one another.' The assumption underlying the Biblical saying is that if one were to love another

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<sup>12</sup>Binswanger, op. cit., p. 219.

<sup>13</sup>See Chapter Three: "To re-create his being."

as much as he loves himself everything would be pretty well acceptable and the moral law would be fulfilled. It appears that this understanding has suffered at the hands of the moralists who assert that self-love is akin to selfishness, which is the source of all evil and that therefore one should forego his self in order to love others. Psychoanalysis asserts this same doctrine under the heading of narcissism. Herein lies the destructive moralistic tie between psychoanalysis and religion.

Dr. Clemens Benda asks the rhetorical question of whether inability to love, respect and accept others is caused by the inability of one to love his own being properly. He further asks whether the condition of Western civilization with its high degree of fragmentation, self-destruction, and hostility is not at least in part due to the inhibited view of self-love. His answer in both cases is, naturally, yes. His conclusion is stated in these words:

If psychiatry, religion, sociology and other disciplines concerned with culture and mental health have joined forces in the search for a new emotional climate in which love has found a central place, it is apparent at the same time that the Judaeo-Christian religion and psychoanalysis have endangered the very fundament of love--the acceptance and love of oneself....<sup>14</sup>

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<sup>14</sup>Clemens E. Benda, "'Narcissism' in Psychoanalysis and the 'Love of Oneself' in Existential Psychotherapy", reprinted from "Diseases of the Nervous System", Monograph Supplement, XXII (1961), p. 3.

It appears clear that he has aligned the Judaeo-Christian religion on the side of the moralizers and the narrow-minded. But that he believes the Bible says more about love than the moralizers are saying is also quite clear. The new framework for love which Benda is advocating is likewise advocated by the Biblical concept of Agape. He states that it is true that self-centeredness, selfishness and egotism ('narcissism') can be observed in individuals who are only concerned with their own needs and gratifications, and that these people display little ability to care for and to be concerned with other persons. Dr. Benda would offer that "a loving concern with oneself" is not "narcissism" and is not that self-love which prohibits positive emotion from flowing toward others and the outside world.<sup>15</sup> Dr. Benda's description of love as "a loving concern" for oneself and for one's neighbor is the same concept put forward by the Biblical writers when they speak of Agape:

In exhortation to love the brethren the ground of appeal is that God has loved us (I John 4.11)... In Romans 5.5 another thought seems to be suggested-- that the love with which we are to love one another is actually the divine love itself poured into us and over-flowing into the lives of others, an 'extension' of God's love for us, so that Luther speaks of 'faith and love, by which a man is placed between God and his neighbor as a medium, which receives from above and gives out again below, and is like a vessel or tube through which the stream of the divine blessings must flow without intermission to other people'. Nygren says, "The love which he (the Christian) shows to his neighbor is God's agape in him".<sup>16</sup>

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<sup>15</sup> Ibid.

<sup>16</sup> A Theological Word Book of the Bible, ed. by Alan Richardson (New York: The MacMillan Company, 1950), pp. 135 - 136.

Agape can also be the word which describes Binswanger's conception of love. Not only is Binswanger not content to limit love to caring or concern, but he also wants to bring in that aspect of Agape that most separates it from common definitions of love. That is the ability of love to transcend, to transcend space and time and even history. For Binswanger love is not "worlding but eterning."<sup>17</sup> It is not just the lack of freedom which yields estrangement, alienation, insanity, but the askewed character of care and love within human existence. Eugene Kahn thus carries these thoughts to their logical conclusion in that he says "The whole of psychopathology can (and must) be understood and described from the view points of these two constituents of human existence, viz., care and love."<sup>18</sup> Again, Agape fits the description of care and love.

Freud was also very conscious of the reality of love. His statement 'to love and to work' carries universal appeal. As for the part played by the lack of love in mental illness, he stated that "the omnipotence of love is perhaps nowhere more clearly demonstrated than in its aberrations."<sup>19</sup> There is little

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<sup>17</sup> Eugene Kahn, "An Appraisal of Existential Analysis", Psychoanalysis and Existential Philosophy, ed. by H. M. Ruitenbeek, (New York: E. P. Dutton and Co., Inc., 1962), p. 206.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid., p. 221.



indication that Freud would cater to the promulgation of Agape as the description of the love necessary in therapy. It is also doubtful whether he would consider the possibility of the ability of Agape to create being and world, as any thing but illusion, phantasy and need fulfillment.

Nevertheless, this present author will propose and attempt to defend in the next and concluding chapter that Agape has precisely the power to create, and that is is precisely these properties of love which Binswanger asserts as necessary in therapy, as has been shown in the present chapter.

To summarize the foregoing pages the reader might reflect upon what happens within the situation of Dasein-therapist and patient. What is happening 'between' the two that enables, allows, something to happen 'within' as well as 'to' the patient? The therapist's room is probably simple, the words uncomplicated and the chairs most likely somewhat hard. Is there something unique about the therapist--the way he looks, the clothes he wears, his manner of speech--that makes a difference? His mind may wander (to dinner) or he might think of all types of 'illicit' (non-therapeutic) relations with the person in his office. Yet, in spite of what he does, or does not do something usually happens. A 'cure' is offered. Why?

Is it simply because he allows himself to enter into a relationship with this person? Not in the least. There is much more to be uncovered in Daseinsanalyse than just relationship-therapy. It is not just the fact of relationship that allows a means for 'cure' to be offered, but, rather, that implicit within the Dasein-therapist-patient relationship is the phenomenon of love. The present author proposes that a 'hope of being loved' is implied in the relationship which enables the possibility of 'cure' to transcend what is or what is not done explicitly in the encounter of therapist and patient.<sup>20</sup>

If the 'hope of being loved' has been experienced as more than just a hope within the therapeutic relationship, then a basic change in experiencing the world has taken place. A change of direction of one's attitude has taken place, not to a goal, but to a process, a movement, a way, a pilgrimage, that is, to love. The patient has been influenced by the 'power' which transcends the relationship between therapist and patient. This 'power' is contingent upon the therapist's basic philosophic presuppositions, rather than by any specific method or technique. This 'power' experienced in the therapeutic relationship derives from the therapist's self-commitment to the reality of the ability of love to be recreative (that is, as Agape).

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<sup>20</sup>"Psychoanalytic 'cure' is indirect proportion to the cherishing love given by the psychoanalyst to the patient; the love which the psychoneurotic patient needs [*italics in original*], not necessarily

Love as a description of the transcendent dynamics in therapy is not much in evidence in the writings of psychoanalysts outside the Daseinsanalyse school. Speaking to this issue, DeForest writes:

Giving to the neurotic patient the hope and the healing experience of love makes way for a mutually loving relationship. This train of emotional circumstance in psychotherapeutic treatment has not as yet been adequately acknowledged or valued by the various schools of psychoanalysis. Yet for Sandor Ferenczi this was the sure measure of successful psycho-analytic therapy<sup>21</sup>, the constant aim of his life-long research.

Of those outside Daseinsanalyse, Eric Fromm has probably been the most free in using the word 'love' in his writings, as the following may indicate:

There is hardly any situation in which the phenomenon of love and of its many distortions can be studied as intimately and accurately as in the analytic interview. Whatever complaints the neurotic patient may have, whatever symptoms he may present are rooted in his inability to love if we mean by love a capacity for the experience of concern, responsibility, respect, and understanding of another person and the intense desire for that other person's growth. Analytic therapy is essentially an attempt to help the patient gain or regain his capacity for love.<sup>22</sup>

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<sup>20</sup>(cont.) the love which he thinks he needs and therefore demands." "Quoted from personal discussions with Dr. Ferenczi in Budapest, 1931 and 1932." DeForest, op. cit., p. 15.

<sup>21</sup>Ibid., p. 19.

<sup>22</sup>Eric Fromm, Psychoanalysis and Religion (New Haven: Yale University Press, 1950), p. 77.

Psychoanalysts are not prone to use the word 'love' because it has too many unsavory connotations; it is a word that is difficult to systematize. Love for the analyst generally means the physical love (passion) of one person for another. The present author postulates that "Agape" (loving concern, neighbor concern, caring; transcendent of time; recreative of being) would be suitable for not only what the Dasein-therapists are presently considering (as the transcendent dimension in the therapeutic relationship), but also is a word that may capture the thoughts of non-Dasein-therapists. By the use of "Agape" instead of "love", other therapists might join with the followers of Binswanger's school of thought.

Agape is that feeling of concern one human being can have for another at any given moment in time. The agapeic dynamic of the Dasein-therapeutic relationship engenders a hope of being loved within the patient, which can offer to him the freedom from the bind of destructive self-love. With the aid of the transcendent-agapeic relationship the patient can become free to be responsible for his attitude toward his own existence in his world. Agape-Therapy transmits to the patient the power to re-create his own being and his world. The power of love to re-create being (transform existence) as the implicit assumption of Agape-therapy is the present writer's extrapolation (extension) of Binswanger's Daseinsanalyse.

## CHAPTER III

### THE POWER OF LOVE AS RE-CREATIVE OF BEING AND WORLD

#### THE POWER OF LOVE AS AGAPE-THERAPY

That man has the ability to create another human life is a fact known to any minimally educated person. But the common teaching of Christianity often holds that this is the extent of man's creative ability. All other creation is from the hand of God, and man accepts his being as a given. This fact is shown in the oft mentioned belief that the three great revolutions of Copernicus, Darwin and Freud have been successive limitations on man's omnipotence. It is the present author's position that these so-called revolutions have been a shrinking, evolutionary view of the omnipotence of God. For it is man who creates the being in the human being.

That Copernicus, Darwin, and Freud sired three great revolutions in man's attitude toward himself is a familiar truism. Man was first displaced from his central position in the Zodiac; then he was no longer a unique biological entity; finally he was deprived even of the distinction of directing his own thoughts or controlling his own actions.<sup>1</sup>

These foregoing discoveries have been three great highlights in man's continuing freedom from ignorance which enslaves, to the freedom for the aquisition of truth which sets him free. The greatest event in this freedom movement, this present author

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<sup>1</sup>Avery D. Weisman, The Existential Core of Psychoanalysis, (Boston: Little, Brown and Company, 1965), p. 3.

affirms, is that event surrounding the person of Jesus of Nazareth, who somehow convinced his followers that the transforming, redeeming, creating love, which he gave away freely was not actually his, but came from a storehouse of love beyond himself. The pervasive influence of psychotherapy by existentialism, being also a quite significant event in man's freedom movement, also points to this creative love which is man's potential, yet which comes from beyond man.

For the existential therapist identity is not a fixed quantity that is given at some time and then covered over. A person does not "find" himself but continually "creates" himself. Therapy, then, is not primarily an uncovering process, but a creative one. It is the self-making aspects of being that are in the foreground<sup>2</sup> one's decisions, commitments, and responsibility.

Over and over again the literature restates the Buber motif of 'I-Thou' in the patient-therapist relationship. Over and over again the authors talk of inter-personal dialogue, real communication between persons, person to person encounter, until one comes to the almost frightening conclusion that psychology is just beginning to see the human race as it, in truth, exists. It is just now realizing that even patients are human-beings which think, feel, hurt and bleed--and are not just objects to be manipulated, as if they were a complicated watch which just needs a good repair job.

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<sup>2</sup>Basecu, op. cit., p. 589.

On the American scene existentialism is now related to those many forms of therapy which can be lumped together under the heading of "relationship therapy". There is still a decisive objectification of the patient in relationship-therapy onto which Daseinsanalyse has thrown considerable light. Those therapists who guide their practice under the influence of Daseinsanalyse are becoming more and more aware of the possibilities of the living-ness, the dynamics of the present moment between doctor and patient. In this area, Martin Buber has been of major influence. I imagine that it takes a great deal of moral fortitude on the part of the Freudian analyst to move from a detached, rather unreachable-omnipotence, one-way communicative position (that is, from patient to doctor) to a world-view which includes the patient as a "thou" of equal intrinsic worth and value, to which he is in a being-to-being encounter, with whom, at the present moment, he is creating a common 'world'. It appears that psychoanalysis also suffered under a moralistic (and inaccurate) presupposition that 'world' is created by forces beyond one's control. With this presupposition it is logical to assume that the doctor must sit back and find out what these forces were and that the simple factual explication of what these forces are will set the patient 'free'. Tillich stands staunchly outside the

determinist camp and appeals to man's potential:

Nature is open to man's controlling and transforming activity indefinitely, but man resists such control.<sup>3</sup>

The corollary to the above challenge of the presuppositions of man's lack of creative ability, of his "thrownness" into the world, is the challenge to the underlying philosophical presupposition of the analytic school that 'the truth shall make you free'. This concept seems to be the foundation proposition upon which psychoanalysis is constructed and without which it would, it could not have been built. Freudian analysis is the process of finding how the patient got the way he is and thereby achieving health by simply having the patient become aware of the facts--for the true facts will set him free from his illness.

The problem which Dasein is confronting is the severe limiting (confining) of what is the truth involved in this person's illness. The system (method) of psychoanalysis made allowances for only a limited amount of the true facts to come to the fore. Other schools of analysis developed precisely because the founder disagreed with Freud's belief that his system could account for all the relevant truths in any particular case. The error of the subsequent schools of analysis is the

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<sup>3</sup>Tillich: "Existentialism and Psychotherapy," Review of Existential Psychology and Psychiatry I (1961), p. 15.



thought that a system could be developed or a group of systems could be collated, which would be able to discover the true facts of anyone case. In that some writers look upon Daseinsanalyse as another system, they too fall victim to this erroneous way of thinking.

Binswanger was the first to point out the great danger of thinking in terms of an all-encompassing system, as in Freud's psychoanalysis. Under this type of an approach the initial tendency is to objectify the patient and his problem and to treat him as an I.B.M. card that first has to be properly punched and then just fed into the machine for processing. Daseinsanalyse's major premise is that people are subjects at all times and must not under any circumstances be allowed to be objectified--either because of a system or because of the therapist himself. The minor premise (as it appears to the present author) is that truth cannot be subjected to a system, cannot be captured within a system. Therefore the thrust of Daseinsanalysis is that all systems are tentative and incomplete. All systems are under subjection to the creative present-moment, that is, the world of the doctor and patient. No system or systems can attempt to encompass truth, because the essence of truth is that it is free (that is, that it is love.).

When the therapist proceeds within a systematized understanding of truth he is in fact leaving rehabilitation to chance. The

truth will only be able to be activated for the 'setting-free' to take place in so far as love is present. The potential for creation of being within a person in therapy is directly proportionate to the degree of love present, that is, love in terms of Agape.<sup>4</sup> Agape does not puff-up the therapist, but humbles him to see and accept the patient as a thou, a subject.

Under the influence of Agapeic loving-concern (caring) for his patient, the doctor is ready to assist the patient in the re-creating of his being and/or his world and to assist in the re-creating of the ability (courage) to actually be-in-his-world. This fact of re-creation is very real indeed, as Tillich point out: "Man's particular nature is his power to create himself."<sup>5</sup> This is not mythological or allegorical language, but the terminology of phenomenology. The mentally ill are so because they lack the healthy person's being and world. Therapy is not just the recovery of the being-in-a-world of a once healthy individual, because that past being is gone. Being is not static, but constantly growing, adjusting, dying. The being of the ill has become static, unable to grow, move, adjust--to-be in his world. In that the ill have lost potential, power, courage, love to-be, these characteristics are lost to time and are a part of history and cannot be recovered.

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<sup>4</sup>"Knowledge" puffs up, but [Agape] builds up.' I Corinthians 8:1b (All Biblical references are from The Revised Standard Version, New York: National Council of the Churches of Christ, 1946).

<sup>5</sup>Tillich, op. cit., p. 9.

The only realistic possibility is that the ill patient with the aid of the therapist create again (maybe for the first time) his being and world, and the requisite ability to-be-in-this-world be re-created. The patient must be born again of the spirit that which is spirit.

In Binswanger's well-used report of a conversation with Freud,<sup>6</sup> Freud stated that yes, everything depended upon spirit, but that he had to show that there were instincts. History shows that for the last half-century or more psychotherapy has rested entirely upon instincts and hardly acknowledged the fact of 'Geist' (spirit). From Binswanger to Duquesne University, Daseinsanalyse has crusaded with the message of the proper place of 'spirit' within therapy.

Binswanger believes that the Heideggerian 'care' (Sorge) is not complete enough to describe the attitude of the Daseins-therapist to his patient. Combining care with love is Binswanger's attempt to experientially define this situation. Dr. Lefebvre believes that the word love is used in too many ways and too closely connoted with sexual intercourse to be used unbiasedly. He would substitute 'concern'.<sup>7</sup>

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<sup>6</sup>See pages 5 and 6, footnote 4.

<sup>7</sup>From a private interview.

The present author would set forth that the Christian understanding of love as Agape brings in all of these human abilities, but what is more important, it brings the concept of transcendence into the affective relationship between doctor and patient.<sup>8</sup>

Agape is existential in that it not only fills the present moment, but transcends it, goes beyond it as well. Agape is more than the loving-concern of one being for another, for it is also that love by which human-beings are created. In that the Daseins-therapists (like parents, friends, counselors, etc.) assist the patient in the re-creating of his being-world, he is calling on the power of love to create. So far as Agape and the relationship of doctor-patient join forces, the creative power of Agape is present.<sup>9</sup>

Agape is transcendent in that it cannot be possessed by the therapist, the patient, or the situation. These three may be possessed by Agape in so far as they open themselves up to love which as true freedom comes from beyond them. Human 'brotherly love' cannot disengage itself from the selfish desires of the lover, although they appear very altruistic. On the other hand, Agape is the spirit of truth which can set man free (re-create). It is on a level of being which man is not able to confine by his powers, or to manipulate, or to coerce.<sup>10</sup> Like air in the process

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<sup>8</sup>I Corinthians 13, see Appendix.

<sup>9</sup>Ephesians 4:16b "...when each part is working properly, makes bodily growth and upbuilds itself in [Agape]."

<sup>10</sup>See Ephesians 3:17 - 19.

of breathing, one must let it be its own free agent to come and to go, creating and continuing life by its very freedom.

By participating with Agape the therapist in the encounter with his patient may aid the latter to be open to the possibility of deciding to be-in-his-world. In what way is this re-creating being and world? The mentally ill person is a person who in his final act of self-will has chosen not to be free, to submit to non-freedom. In order to preserve the final vestige of human-ness (which is in Frankl's terminology, the ability to choose one's own attitude, even if everything else be stripped away) the ill person has chosen to be ill. He has chosen an attitude-world in which he can 'live and move and have his being' even though this world is so restrictive that it actually limits the freedom to move. The main point is that he has found a way to hold onto some being and world and thus to remain--at least minimally--a human being. The task of the Daseins-therapist is to help the patient to see and experience his world as it actually is and then, because he has been able to assist the ill person to sit back and look at his being and his world, the Daseins-therapist is able to offer again to the patient the ability which he gave up--the ability to choose, to decide--to do something about his being and his world. With the aid of the Daseins-therapist the patient experiences the freedom to let his being go from the self-imposed prison of his world and to transcend it, to lift

himself up and out of his world in imagination and in possibilities. The Daseins-therapist lets the ill person 'be', setting him free from the therapist's own wishes and desires, setting the person free to see the choices before him, setting him free to see and experience the fact that it is his own responsibility to make the decision to 'be' or to 'not-be'.<sup>11</sup> If the therapist is to truly offer freedom to 'be' to his patient, he can neither let him 'be-alone' (without his real presence) nor attempt to influence which of the choices presented should be chosen. To do so would be trying to live the patient's life for him, which in no way is participating in freedom. The ill person will only be able to become healthy and whole and be able to participate again in a wider world where true freedom has been offered to him, where responsibility for his own being-in-his-world has been offered. The only freedom which is true enough to accomplish this task is the freedom borne upon Agape.<sup>12</sup>

Human brotherly-love (the essence of humanism) is not the truth which can set men free, which can make the ill whole. Herein lies the limitation of the thesis presented by Izette DeForest. DeForest very accurately points out the fact that: "The poison

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<sup>11</sup>Hora, op. cit., p. 74.

<sup>12</sup>"For you were called to freedom, brethren; only do not use your freedom as an opportunity for the flesh, but through (Agape) be servants of one another." Galatians 5:13.

of hatred and vengeance can be distilled away only by the therapy of love."<sup>13</sup> However, DeForest's concept of love does not seem to go beyond the idea of a powerful and transforming human emotion: "The emotion of love vitalizes each physical and mental process."<sup>14</sup> Therefore, to the degree that all humanity is dependent on brotherly-love (or less) rather than Agape is the degree to which all humanity is sick, is not free.<sup>15</sup> To the degree that all mankind stands in need of Agape in order to become free truly to be-in-the-world, all mankind stands in need of "Agape-therapy."

Brotherly-love is successful in creating being in that it can approximate to a close degree the action of Agape. Ashley Montagu portrays a profound humanist position in his words:

Love satisfies the most important of all needs: the need for love. The need to love others and to need to be loved are learned and developed in only one way--by being loved. The child who has not been adequately loved during his first six years becomes an affectionless character, suffering from "affect-hunger," the need for love. Such a person--as child, adolescent, and adult--not having learned to love, behaves as an unloving individual... Without love no need can be adequately satisfied... "Man doth not live by bread alone." Man needs to love mankind just as mankind needs to love man, and whether we subscribe to the belief that "Love is God" will not matter very greatly, so long as we act upon the understanding that

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<sup>13</sup>DeForest, op. cit., p. 155.

<sup>14</sup>Ibid., p. 125.

<sup>15</sup>"For this very reason make every effort to supplement your faith with virtue, and virtue with knowledge, and knowledge with self-control, and self-control with steadfastness, and steadfastness with godliness, and godliness with brotherly affection, and brotherly affection with [Agape]." 2 Peter 1:5 - 7.

man's love must extend beyond himself to embrace the world outside himself. Without such a projection of one's love one cannot live a healthy life, because health implies a balanced satisfaction of needs, and one of the profoundest of these needs is the need to transcend oneself and relate oneself creatively to the universe, and as far as it is reasonably possible, to everything within it.<sup>16</sup>

Brotherly-love is a human creation and therefore what it creates is still dependent on human beings for its existence. Brotherly-love is like one mountain climber tied by rope to another. If one should slip and take a good fall, he is completely at the mercy of his friend to stop him. If the friend should have not a good hold, then they will both be falling back from where they came, to be stopped, possibly--by chance--short of the bottom. (That is, if their man-made pitons should hold.) Allowing Agape to enter the human encounter is to create beings which are not tied solely to man for their existence. But rather, beings created by the encounter between man, Agape and man are bonded by a conscious choice with the strength and power of Agape, which is a bond with the strength and power and courage of those who have assended and descended the mountain many times before.<sup>17</sup>

Rather than being tied to a human interpretation of 'world' and thus dependent upon it for one's existence--which is the case in a psychotherapy based upon an objectified human world-view,

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<sup>16</sup> Ashley Montagu, "Love" The Encyclopedia of Mental Health, ed. by Albert Deutsch, IV (New York: Franklin Watts, Inc., 1963), p. 590.

<sup>17</sup> "By this all men will know that you are my disciples, if you have [Agape] for one another." John 13:35.



Daseinsanalyse is free to join up with that world-view which is transcendent. One's being then rests with those truths which tend not to be provincial or bound to a particular culture or historically influenced value system, but rather truth which transcends time, culture and history. This truth comes to us as Agape. Agape transcends time and place; it speaks in a relative language to each person, culture, and age. It is as fresh and ever-new from this hour to the next. There appears no way of interpreting when it began to make its influence upon men, nor can any reason be found to expect that it will ever cease, even though the earth be laid desolate and everything upon it be destroyed. It is my assumption that Agape is a transcendent truth belonging to the very foundation of the cosmos and beyond.<sup>18</sup>

What then is man? Man is that being which may stand outside and go beyond objective reality to that reality which is the very essence of all true existing. This beyond-reality is the world of Agape. But this beyond is also very much present amongst man's worlds. Man is that being which can choose to create his own limited world of the objective, or which can choose to create his world so that it may be possessed by the Agape-reality.

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<sup>18</sup>"Who shall separate us from the (Agape) of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? As it is written, 'For thy sake we are being killed all the day long; we are regarded as sheep to be slaughtered.' No, in all these things we are more than conquerors through him who loved us. For I am sure that neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the (Agape) of God in Christ Jesus our Lord." Romans 8: 35-39.

Man is that being which chooses and in so choosing creates. The great responsibility which man has, comes not from some unknown power and is placed mysteriously upon him, but rather man's responsibility comes from his ability to create being and world.

Man is not only in a world and has a world but also shapes or makes his world. By his choices and decisions he continually structures and delimits the particular "there" of his being. Hence, Dasein is not a static concept, but one that connotes an ever-changing field of becoming. Man's existence is a dynamic process of endless potentiality becoming actualized, of his potential world becoming his actual world. Since man participates in the unfolding of his world of being, he bears responsibility for it. He is aware of himself, conscious, <sup>19</sup> of himself as choosing his particular existence.

For man's choice is either to create being and world within or without Agape. Man can choose to be in a world created by man's un-transcending brotherly-love. This world would be like the limited world of a cigar in a box. In this boxed-world man is easily led to see himself as an object, to be fit into rules, modes, and types. This view of world can also be easily deduced when the underlying assumption is that man was created by a Higher Power and is placed within 'the world' which is also created by the same Higher Power. Thus what is thought to be man's responsibility is actually no responsibility at all. For there is little responsibility in adjusting one's being to an already fixed and static system.

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<sup>19</sup> Basecu, Ibid., p. 586.

The assumption that 'God' is the only creator devalues the potential of man and places him under a culture which hinders man from being-fully-in-his-world. There is not just a world, or the world, but each man creates his own world, in that he decides the what, who, where, how, when and why of his own existence. If it is thought that it is sinful or erroneous to think that man is able to create being and world, a moralistic attitude is ~~levied~~ that attempts to hold man under a tyrannical subjugation, which like any tyranny slows man down from becoming that being and attaining that freedom of which he is capable. By not experiencing the fact of man's ability to create being is to underestimate the power of human brotherly love and to not take into account the power of Agape at all. To neglect the facts of man's real experience is to be less than sincere in one's attempt at understanding what is true.<sup>20</sup>

To move from speaking about one's experience with Agape as the same as with 'God' is a leap between concepts that seems to the present author inadvisable. To attempt to give the name 'God' to Agape appears in the light of history inadvisable. Daseinsanalyse is in the process of explaining in clinical terminology the

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<sup>20</sup>"And above all these put on [Agape], which binds everything together in perfect harmony." Colossians 3:14.

experience of Agape, as one exists in the world. Attempts in history to prove the being of God have proved to be so provincial as to carry with it little if any transcendent truth. But more important the use of the word 'God' is so filled with prejudicial attitudes on the one hand and so meaningless as a descriptive word on the other that the prospects of bringing 'God' into the discussions of Daseinsanalyse would be a great stumbling block to the further clinical investigation into the relationship between man's being-in-his-world and Agape. To invoke 'God' (who is also under intense investigation at this time) would be an attempt to muddy the clear waters of empirical investigation with the static waters of a concept which is dead.

## CONCLUSION

This thesis has shown through an examination of the therapist-patient relationship that love and especially love as Agape is able to create the being of the human-being and the world in which the individual human-being exists. It has been shown that Daseinsanalyse, that particular creation of Ludwig Binswanger, is more than just a static 'relationship therapy', but close to what the present author calls 'Agape-therapy'. Agape-therapy is that process of human interaction with one another and with transcendent Agape which creates a being-in-a-world of freedom and responsibility and love.

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## APPENDIX

If I speak in the tongues of men and of angels, but have not (Agape), I am a noisy gong or a clanging cymbal. And if I have prophetic powers, and understand all mysteries and all knowledge, and if I have all faith, so as to remove mountains, but have not (Agape), I am nothing. If I give away all I have, and if I deliver my body to be burned, but have not (Agape), I gain nothing.

(Agape) is patient and kind; (Agape) is not jealous or boastful; it is not arrogant or rude. (Agape) does not insist on its own way; it is not irritable or resentful; it does not rejoice at wrong, but rejoices in the right. It bears all things, believes all things, hopes all things, endures all things.

(Agape) never ends; as for prophecies, they will pass away. For our knowledge is imperfect and our prophecy is imperfect; but when the perfect comes, the imperfect will pass away. When I was a child, I spoke like a child, I thought like a child, I reasoned like a child; when I became a man, I gave up childish ways. For now we see in a mirror dimly, but then face to face. Now I know in part; then I shall understand fully, even as I have been fully understood. So faith, hope, (Agape) abide, these three; but the greatest of these is (Agape).

(I Corinthians, Chapter 13, substituting the word Agape for the word 'love'.)